

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT ■ DIVISION OF EMPLOYMENT SECURITY
JOINT LOW EARNINGS REPORT AND CLAIM FOR BENEFITS FOR PARTIAL UNEMPLOYMENT



CLAIMANT INFORMATION (EMPLOYER COMPLETES)

1. Name of Claimant - First Middle or Maiden Last			2. Social Security Number		
3. Mailing Address - Street, RFD, or P. O. Box				City	State Zip Code
4. County of Residence		5. Claimant's Area Code and Phone Number		6. Sex M <input type="checkbox"/> F <input type="checkbox"/>	7. Date of Birth (mm/dd/yyyy)
8. Race		9. Are you a U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>		10. Address Change? YES <input type="checkbox"/> NO <input type="checkbox"/>	
11. Phone Number Change? YES <input type="checkbox"/> NO <input type="checkbox"/>					

PAYROLL INFORMATION (EMPLOYER COMPLETES)

12. During the week covered by this report this worker worked less than full-time due to lack of work and earned the amount indicated below: **(Week ending dates are always on a Saturday.)**

Week Ending Date (mm/dd/yy)	Hours Worked	Gross Wages (\$)	Voluntary Loss (\$)	Holiday Pay (\$)	Vacation Pay (\$)

13. Most recent date employee worked _____ 14. Date this employee is expected to return to work _____ 15. Employer's Name _____ Mailing Address _____ _____ 16. Employer's Telephone Number _____ Employer's Email Address _____	17. TN Employer Account Number <u>0</u> _____ - _____ 18. Signature of Authorized Employer Representative _____ _____ Print Name of Authorized Representative _____ _____ Title of Authorized Representative _____ _____
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WORKER'S STATEMENT (WORKER COMPLETES)

During the week covered by this report I was able to work and available for full-time work. I hereby file a claim for benefits for partial unemployment for the week covered by this report (less week of waiting period) under the provisions of the Tennessee Employment Security Act.

19. During the above week did you work or earn wages from any employer other than the one listed above? YES ☐ NO ☐

20. If YES, what was your gross pay for week? \$ _____

21. Have you been paid wages by an out-of-state employer or the federal government within the last 18 months? YES ☐ NO ☐
 If YES, State _____, Dates employed _____ State _____, Dates employed _____

22. Have you filed for or are you receiving any kind of retirement or pension, excluding Social Security? YES ☐ NO ☐
 If YES, Employer Name _____ Monthly amount \$ _____

23. Start date with primary employer (employer shown in number 15) Month _____ Year _____

I understand that the law provides a penalty for false statements to obtain or increase benefits. I request a determination of my entitlement to benefits.

24. Date signed by worker _____ Worker's signature _____

Claims must be forwarded to the Partial Claims Office within eleven (11) days of the week ending date being filed.

Claims can be faxed to 615-253-0807 or 615-253-7550. They can be emailed as attachments to Paper.Partial@tn.gov. Twenty (20) or more claims in a week must be mailed. The mailing address is Attn: Paper Partials, TN Dept. of Labor and Workforce Development, P. O. Box 280870, Nashville TN 37228-0870. Information contained in claimant's file may be released to other government agencies, as required by law. Inquiries regarding paper partial claims should be sent by the **employer only** to Paper.Partial@tn.gov.

IMPORTANT: All questions must be completed. Incomplete or illegible claims will be returned to the employer.

**INSTRUCTIONS FOR SUBMITTING A PARTIAL CLAIM
TO THE TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

FILE A PARTIAL WHEN:

- Employee worked less than four (4) full days, and
- Total of Gross Wages, Voluntary Loss, Holiday and Vacation Pay is less than \$275, and
- There is reasonable assurance that future work will become available for this employee.

EMPLOYER ENTERS:

ITEMS 1 - 11 Claimant Information.

ITEM 12 Payroll Information.

Week Ending Date - MM/DD/YY - This must be a Saturday date.

Hours Worked.

Gross Wages (Earned Sunday through Saturday midnight)

If Employer's pay period ends on a day other than Saturday, adjust reported Gross Wages to a Sunday through Saturday period. Do not combine with Voluntary Loss, Holiday or Vacation Pay.

Voluntary Loss (Dollar amount of work declined by the worker - "work available but worker declined.")

Holiday Pay (Dollar amount. Report if worker will return to work within 21 days of the Week Ending Date.)

Vacation Pay (Dollar amount. Report if worker will return to work within 21 days of the Week Ending Date.)

ITEM 13 Most recent date employee worked.

ITEM 14 Date employee expected to return to work. Estimate if necessary, but a date is required.

ITEM 15 Employer's Name and Mailing Address.

ITEM 16 Employer's Telephone and Email Address.

ITEM 17 TN Employer's Account Number. This appears on the Quarterly Wage Report submitted to the state. Do not enter Federal Tax ID Number.

ITEM 18 The Authorized Employer Representative must sign the form, then print their name and title.
The Authorized Employer Representative must be an individual other than the claimant.

WORKER ENTERS: ITEM 19 Worker indicates if they worked for a second employer during the week of the claim.

ITEM 20 If YES, worker reports Gross Wages for the week from this additional employer.

ITEM 21 Worker indicates location and duration of out-of-state or federal government work.

ITEM 22 Worker indicates employer and amounts of retirement or pension income.
Social Security is not reportable.

ITEM 23 Worker indicates start date - Month and Year - with primary employer submitting the claim.

ITEM 24 Worker dates and signs the claim form.

COMPLETING AND SUBMITTING THE FORM:

- Employer verifies form is complete, accurate and readable. Incomplete or unreadable claims will be returned.
- Fax form to 615-253-0807 or backup fax at 615-253-7550, or
- Email form as an attachment to Paper.Partial@tn.gov, or
- If over 20 claims in a week, mail to:
ATTN: Paper Partial
TN Dept of Labor and Workforce Development
P. O. Box 280870
Nashville, TN 37228-0870
- If 50 or more claims in a week, automated partials must be submitted. Go to our website www.tn.gov/labor-wfd/aps for information on using the Automated Partial System (APS).
- Additional copies of the Paper Partial Claim form can be downloaded at www.tn.gov/labor-wfd/Employers/forms/LB-0487.pdf
- The employer is the responsible party in submitting paper partial claims. Inquiries regarding submitted claims or how to complete claims should be sent by the EMPLOYER ONLY to Paper.Partial@tn.gov.